

**TAXICAB MEDALLION APPLICATION
AND TAXICAB OPERATOR LICENSE APPLICATION**

Application Fee \$200.00

Date _____

FOR CITY CLERK'S OFFICE ONLY

Date Recorded _____

Amount Paid _____

To the Honorable, the Board of Aldermen of the City of Somerville:

The undersigned respectfully prays that the Board of Aldermen issue the taxicab medallion listed below, and grant a license to operate the same taxicab for the conveyance of persons, for hire, from place to place within said City. This ownership and license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the Board of Aldermen and/or City Departments. This license shall be revocable at any time at the pleasure of the Board of Aldermen.

Medallion # _____

Current Owner Name _____ Phone _____

Address (Include Zip Code) _____

Applicant Name _____ Phone _____

Address (Include Zip Code) _____

If a corporation, name of Majority Shareholder _____

Date of birth _____ SS# _____

Do you hold a valid Somerville Taxi Driver's License? _____ Yes _____ No

Do you hold a Taxi Driver's License in another city? _____ Yes _____ No

If yes, in what City/State? _____

Do you own a Somerville Taxicab Medallion? _____ Yes _____ No

Have you ever owned a Somerville Taxicab Medallion? _____ Yes _____ No

Have you ever owned a Taxi Medallion elsewhere? _____ Yes _____ No

If yes, in what City/State? _____

Provide the following information if a bank is financing the purchase:

Name of Bank _____

Address (Include Zip Code) _____

Provide the following information if a corporation is financing the purchase:

Name of Corporation_____

Address (Include Zip Code)_____

Name of President_____

Date of Birth_____ SS#_____

Name of Majority Shareholder_____

Date of Birth_____ SS#_____

NOTE: Include a REAP Attestation signed by a Corporate Officer, and a MA Secretary of State Certificate of Good Standing for the corporation.

Provide the following information if an individual is financing the purchase:

Name of Individual_____

Address (Include Zip Code)_____

Date of Birth_____ SS#_____

NOTE: Include a REAP Attestation signed by the individual.

Describe any other financing:_____

Include with this Application the following documents:

- The attached REAP Attestation signed by the Applicant.
- The attached Certificate of Good Standing signed by the Applicant and acknowledged and stamped by the City's Treasury Department.
- A copy of an executed Purchase and Sale Agreement.
- If Applicant is a corporation, a copy of the Articles of Incorporation and the attached Certificate of Corporate Authority.
- If financing is by a corporation, a REAP Attestation signed by a Corporate Officer, and a MA Secretary of State Certificate of Good Standing for the corporation.
- if financing is by an individual, a REAP Attestation signed by the individual.

Applicant agrees to forward to the City Clerk a copy of a valid Registration for the vehicle, issued by the Registry of Motor Vehicles.

Signed under the pains and penalties of perjury this _____ day of _____, 20____,

Signature of Applicant_____ Print Name_____

TAXI BUREAU RECOMMENDATION:

The Somerville Taxi Bureau recommends that the application be: _____Approved _____Denied

Signature_____ Date_____

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

** Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.

STATEMENT OF CORPORATE AUTHORITY

I, _____, Clerk of
Name of Clerk or Secretary
_____ hereby certify that,
Name of Corporation
at a meeting of the Board of Directors of said Corporation duly held on the _____ day of
Date
_____, _____, at which a quorum was present and voting throughout, the following
Month Year
vote was duly passed and is now in full force and effect:

VOTED: That _____ be and
Name of Officer authorized to sign for the Corporation
hereby is authorized, directed and empowered, in the name and on behalf of this Corporation, to
sign, seal with the corporate seal, execute, acknowledge and deliver all contracts, bonds and
other obligations of the Corporation, the execution of any such contract, bond or obligation by
such _____ to be valid
Name of Officer authorized to sign for the Corporation
and binding upon this Corporation for all purposes. This vote remains in full force and effect,
and has not been altered, amended or revoked by a subsequent vote of such directors.

I further certify that _____
Name of Officer authorized to sign for the Corporation
is the duly elected _____ of said Corporation.
Title

Signed _____
Clerk or Secretary

Place of Business _____

Date _____

AFFIX CORPORATE SEAL HERE

In the event that the Clerk or Secretary is the same person as the Officer authorized to
sign that contract, bond or other instrument for the Corporation, this certificate must be counter-
signed by another Officer of the Corporation:

Countersigned _____

Name & Title of Countersigning Officer _____



City of Somerville, Massachusetts
Finance Department, Treasury Division
Joseph A. Curtatone
Mayor

CERTIFICATE OF GOOD STANDING

1. Exact name of Taxpayer: _____
2. Location, including street address, of Taxpayer's property or principal office: _____

3. Taxpayer's Account Number(s): _____

I, _____, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this _____ day of _____, 20____. _____
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# _____	# _____	# _____	# _____

CLERK'S INITIALS: _____ **ORIGINAL STAMP:** _____